

1.0 Health Policy Commission

Summary

The 1994 Legislature passed House Bill 226, which established the Health Policy Commission for the State. The mission of the Commission is to "provide a mechanism through which every Utahn will have access to affordable health insurance in an environment that relies primarily on a market-oriented system that contains cost and enhances quality." (UCA 63C-3)

Financial Summary

	FY 2000
<u>Plan of Financing</u>	<u>LFA</u>
General Fund	\$324,300
Revenue Transfer	100,000
Total	<u><u>\$424,300</u></u>
<u>Programs</u>	
Health Policy Commission	\$424,300
Total	<u><u>\$424,300</u></u>

3.1 Health Policy Commission

Recommendation The Analyst recommends a total budget for the Health Policy Commission of \$424,300.

The Commission has established contracts with the Medicaid program to provide certain services dealing with Medicaid expansion and eligibility, for which the Medicaid program pays through a Revenue Transfer.

3.1 Funding

	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$270,100	\$323,500	\$324,300	\$800
Revenue Transfer	129,517	100,000	100,000	0
Total	\$399,617	\$423,500	\$424,300	\$800
% Change		5.98%	0.19%	
FTE	4.0	4.0	5.0	1.0

Summary

The Health Policy Commission serves as a focal point for discussion, debate, and the development of recommendations leading to solutions involving health care costs, quality, and access. The commission studies various issues each year and makes recommendations for legislation, policy changes, and informal resolution of health care policy issues. The 13 member commission enlists health care providers, insurers, consumers, legislators, and other interested parties who form technical advisory groups (TAGs). The annual agenda of the commission is assembled from HealthPrint, issues identified through public hearings, topics assigned by the legislature, and emerging issues identified by the commission.

This past year marks the fifth year of the Commission's activity. During 1998, the Commission addressed a number of issues, including:

Graduate Medical Education (GME) - developed legislation establishing the Medical Education Council to address financing and provider mix needs, submitted a demonstration project request to the federal Health Care Financing

Administration and continued to examine and study strategies to address GME issues.

Insurance Reform - developed legislation to revamp the Health Insurance Pool (HIP) and modify existing law to provide access to the health insurance market for previously uninsurable individuals. The Commission also examined strategies to rate insurance on the basis of lifestyle and studied "any willing provider" recommendations and determined additional changes to the existing law were not necessary.

Rural Health - developed recommendations leading to the passage of House Bill 216 which enhances access to health care for individuals enrolled in health plans living in rural areas of the state.

Mental Health - continued examination of ways to expand access to mental health services without doing harm to the market. Undertook the examination of mental health parity concluding that more study was needed to make specific recommendations.

Long Term Care - developed ten recommendations to facilitate discussion and encourage voluntary implementation of strategies to expand long term care coverage.

Child Health Insurance Program (CHIP) - served as the lead in developing the CHIP including the legislation for consideration in the 1998 session, the building of a benefit design, and overseeing a Request for Proposal to choose the program administrator.

HealthPrint Evaluation - evaluated HealthPrint and confirmed that major steps have occurred to expand access, contain costs, and improve quality.

Substance Abuse - began initial study of ways to expand access to substance abuse services.

The Commission also supported funding for various initiatives including funding for more school nurses, the Southwestern Utah Area Health Education Center (AHEC), and primary care grants. In addition, the Commission monitored health care reform measures and the health care market and continued to serve as a source of information and a focal point for the study and consideration of health care reform initiatives including public/private partnerships.

Utah Tomorrow

The following are some of the Utah Tomorrow performance measures that are directly affected by the activities of the Health Policy Commission:

<u>Performance Measure</u>	<u>1990</u>	<u>1995</u>	<u>2000</u>
Percent of Utahns covered by a basic benefit package that includes preventive services			
Percent of population uninsured by health district:			
Urban Health Districts:			
Davis	7.7%		
Salt Lake	9.2%		
Utah	8.9%		
Weber/Morgan	6.7%		
Rural Health Districts:			
Bear River	8.5%		
Central Utah	13.8%		
Southeastern	14.0%		
Southwest	14.9%		
Summit	12.5%		
Tooele	5.6%		
Uintah Basin	18.9%		
Wasatch	11.7%		
Percent of Utahns without health insurance	9.5%		2.0%
Percent of Utahns not receiving health care, when needed	1.1%		0
Ratio of Utah Care Expenditures Increase to the Consumer Price Index	245.0%		
Health care spending as % of per capita income	12.1%		

**Utah Tomorrow
(con't)**

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Rate of preventable hospitalizations if patient had access to outpatient primary services per 10,000			
Diabetes	2.2		
Dehydration	6.2		
Gastroenteritis	2.1		
Asthma	6.5		
Congestive Heart Failure	8.9		
Malignant Hypertension	0.1		
Annual report of Centers for Disease Control Healthy People 2000 health status indicators comparing Utah and national data:			
Infant mortality rate per 1,000 live births			
White		5.2	
Black	7.0	12.8	6.0
American Indian	12.4	6.6	
Hispanic Origin	9.5	8.0	7.0
Other no-white	7.8	2.5	
Total deaths per 100,000 population	527.8	554.1	
Motor vehicle crash deaths per 100,000 population	16.1	16.8	
Work-related injury deaths per 100,000 population	2.1	2.0	
Suicides per 100,000 population	16.4	14.4	
Lung cancer deaths per 100,000 population	16.3	18.0	11.9
Female breast cancer deaths per 100,000 population	17.5	10.1	
Cardiovascular disease deaths per 100,000 population			
Heart disease deaths	156.6	145.1	
Stroke	39.4	39.8	20.0
Homicides per 100,000 population	3.1	3.8	
Reported incidence (per 100,000 population)			
AIDS	6.6		
Measles	8.5		
Tuberculosis	2.9		

**Utah Tomorrow
(con't)**

<u>Performance Measure</u>	<u>DOH Target</u>		
	<u>1990</u>	<u>1995</u>	<u>2000</u>
Primary and secondary syphilis	0.5		
Percent of low birth weight infants	5.7	6.3	5.0
Births per 1,000 females per age group:			
15-17	28.1	25.6	
18-19	78.6	72.1	
Percent of mothers not receiving prenatal care in the first trimester	15.2	16.2	
Percent of children below the poverty level			
Percent of people living in counties exceeding EPA standards for air quality			
Diabetes mortality	16.6	21.2	30.0

4.0 Tables: Health Policy Commission

	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	Difference
<u>Plan of Financing</u>	<u>Actual</u>	<u>Actual</u>	<u>Actual</u>	<u>Estimated</u>	<u>LFA</u>	<u>Est./LFA</u>
General Fund	\$208,900	\$224,900	\$270,100	\$323,500	\$324,300	\$800
Revenue Transfer	37,694	54,470	129,517	100,000	100,000	0
Total	\$246,594	\$279,370	\$399,617	\$423,500	\$424,300	\$800
<u>Programs</u>						
Health Policy Commission	\$246,594	\$279,370	\$399,617	\$423,500	\$424,300	\$800
Total	\$246,594	\$279,370	\$399,617	\$423,500	\$424,300	\$800
<u>Expenditures</u>						
Personal Services	\$183,400	\$185,984	\$254,826	\$236,551	\$293,800	\$57,249
Travel	14,493	12,201	17,507	11,900	11,900	0
Current Expense	41,540	76,130	113,664	164,949	108,500	(56,449)
Data Processing	7,161	5,055	13,620	10,100	10,100	0
Total	\$246,594	\$279,370	\$399,617	\$423,500	\$424,300	\$800
FTE	3.00	3.50	4.00	4.00	5.00	1.00

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